

In re Application of: Darin Schaeffer
For: SELF CENTERING DELIVERY CATHETER
Attorney Docket No: 8627-345
Express Mail[®] mailing label number: EV 340864087 US
Date of Deposit: March 31, 2004

BRINKS
HOFER
GILSON
& LIONE

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is a new application under 37 C.F.R. §1.53(b), including the following elements and other papers:

1. Application including:
 - ☐ Application Data Sheet. See 37 CFR § 1.76.
 - ☒ Title page
 - ☒ Specification, including claims and Abstract (22) pages
 - ☒ Drawings (5) sheets
 - ☐ Appendices:
 - ☒ Declaration (1) pages; ☒ Executed ☐ Unexecuted
 - ☐ Combined Declaration and Power of Attorney (____) pages; ☐ Executed ☐ Unexecuted
2. ☒ Information Disclosure Statement, including Form PTO-1449 (3 sheets), and any required copies
3. ☒ Assignment Recordation Cover Sheet, with fee and attached assignment to: Cook Incorporated
4. ☒ Power of Attorney (2) pages Unexecuted; ☐ by inventor ☒ by Assignee listed in #3 above.
5. ☐ Nonpublication Request under 35 USC §122(b)(2)(B)(i)
6. ☐ Other: _____
7. ☒ Return Postcard
8. Fee calculation:

☐ Applicant is a Small Entity.

Claims as Filed	Col. 1	Col. 2	Small Entity			Not a Small Entity		
For	No. Filed	No. Extra	Rate	Fee	or	Rate	Fee	
Basic Fee				\$ 385	or		\$ 770	
Total Claims	20-20	0	x\$9=	\$	or	x\$18=	\$	
Independent Claims	2-3	0	x\$43=	\$	or	x\$86=	\$	
Multiple Dependent Claims Present			+\$145=	\$	or	+\$290=	\$	
*If the difference in col. 1 is less than zero, enter "0" in col. 2.			Total	\$	or	Total	\$770	

9. Fee payment:
 - ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
 - ☒ A check in the amount of \$40.00 to cover the Assignment recordal fee is enclosed.
 - ☐ Please charge my Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed.
 - ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication, or credit any overpayment, to Deposit Account No. 23-1925:
 - ☒ Any additional filing fees required under 37 CFR § 1.16.
 - ☒ Any patent application processing fees under 37 CFR §1.17.
10. CORRESPONDENCE ADDRESS: please recognize the correspondence address for this application as the address associated with the following Customer Number:

Customer No. 00757 - Brinks Hofer Gilson Lione

11. PLEASE DIRECT all telephonic and facsimile communications to:

Michael N. Spink (tel: (734) 302-6000; fax: (734) 994-6331).

3/31/04
Date

Respectfully submitted,

Michael N. Spink
Michael N. Spink (Reg.No. 47,107)